

TOURISM ENTITY SELF-INSPECTION REPORT

TOURISM ENTITY

Name:

Category:

Sub-category:

Province:

District:

Sector:

Cell:

Street name and number:

Phone:

Email:

INSPECTION RESULT *(circle one)*

Passed

Actions Required

Failed

ACKNOWLEDGEMENT

By signing and stamping below, I hereby confirm that I have conducted a self-inspection of the tourism entity listed above and that all required items on the relevant inspection checklist have been found to be both present and in good working order. To the best of my knowledge, I certify that all of the information captured in this report is accurate and confirm that the tourism entity is operating in full compliance with Rwanda's tourism law, all applicable ministerial orders, and the requirements/conditions of its tourism operating license. I, therefore, confirm that the tourism entity listed above is ready for inspection and invite the Board to conduct a physical inspection of the premises, equipment, and records at its earliest convenience.

Authorised Representative

Name:

National ID:

Job title:

Entity:

City:

Date:

Phone:

Email:

INSPECTION CHECKLIST		Tour operator					
Location	#	Checklist item	Present		Functions		Details
			Y	N	Y	N	
Reception	1	Registered office premises and accurate physical address					
	2	First aid kits, including snake antivenom					
	3	Intercom, phones or walkie talkies to enable communication between departments					
	4	Phone enabling communication to outside					
	6	Booking system					
Vehicle	7	At least one four-wheel drive vehicle					
	8	- Valid controle technique					
	9	- Valid carte jaune					
	10	- Valid vehicle insurance					